

TO: METER SHOP REQUEST FOR METER CHECK FROM _____

___ Check if report made by radio

DATE REPORTED

LOCATION _____

TIME REPORTED

METER TYPE ___30 min. ___1 hr ___2 hr ___3 hr ___10 hr

COMPLAINANT NAME _____

TELEPHONE (daytime) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COMPLAINT _____

CITATION NUMBER

CITATION DATE

CITATION TIME ISSUED

SUBMIT TO METER SHOP

FIELD INSPECTION

___ NO MALFUNCTION

(DO NOT VOID CITATION)

Comments _____

___ DEFECTIVE OR ADJUSTMENTS NECESSARY:

(VOID CITATION)

INSPECTION COMPLETED BY

DATE

TIME

SUBMIT TO OFFICE

OFFICE PROCESSING

NOTIFICATION OF RESULTS

___ CALLED COMPLAINANT

DATE _____ BY _____

___ NOTIFICATION NOT REQUIRED

If Applicable-----VOID CITATION ON COMPUTER

DATE _____ BY _____